

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69657	9/8/99
O.I.P.E. CLASSIFIER			5/30/99
FORMALITY REVIEW		109652	10/05/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Original	Date
Final	Original	2003/01/12
1	-	✓ ✓
2	-	✓ ✓
3	✓ =	✓ ✓
4	✓ = 0	✓
5	✓ = 0	✓
6	✓ = ✓	✓
7	✓ = /	✓
8	✓ = ✓	✓
9	✓ = 0	✓
10	✓ = 0	✓
11	✓ = 0	✓
12	✓ = 0	✓
13	✓ ✓ =	
14	✓ ✓ ✓	=
15	✓ 0 0	=
16	✓ ✓ ✓	=
17	✓ ✓ 0	=
18	✓ ✓ 0	=
19	✓ ✓ 0	=
20	✓ ✓ ✓	=
21	✓ ✓ /	=
22	✓ ✓ ✓	=
23	✓ ✓ 0	=
24	✓ ✓ 0	=
25	✓ ✓ 0	=
26	- ✓ ✓	
27	- 0	
28	- 0	
29	✓ = ✓	✓
30	0 = 0	/
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Claim	Original	Date
Final	Original	2003/01/11
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Claim	Original	Date
Final	Original	2003/01/12
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here